

Department of Financial Institutions  
**PUBLIC RECORDS REQUEST**

**DIVISION OF CREDIT UNIONS**  
PO Box 41200  
Olympia, WA 98504-1200  
(360) 902-8701

**FAX: (360) 704-6901**

*Division of Credit Unions Date Stamp*

**PLEASE PRINT Do not send any money until your are notified of the cost**

**PERSON REQUESTING**

Name

Company

Mailing Address

City, State, ZIP

Telephone Number

FAX Number

**NAME OF PUBLIC RECORD**

Check document requested. Please specify which record is required and whether the document should be the most recent date or a particular year.

Name of Credit Union

Date of Document

☐ Articles of Incorporation

☐ Report of Annual meetings

☐ FOM Amendments

☐ Application for FOM Expansion

☐ 5300 Call Reports

☐ Correspondence

☐ **Section VI** - Community  
Description Only

☐ Other, specify

☐ Financial Statements

☐ Bylaws

**CONDITIONS FOR RELEASE OR REVIEW OF PUBLIC RECORDS**

I agree that any list of individuals provided to me will not be used for any commercial purpose by myself or any other person I represent. I will protect the information from access by anyone who may use it for a commercial purpose, which means using the information for profit-making activities.

If I wish to inspect or review record(s), I agree to the following conditions: I will not remove the records from the designated area. The quantity of records may be limited. I will not mark or alter the records in any way. I will not destroy or deface the records in any way including writing on, folding or folding anew if in folded form, tracing or fastening with clips or other fasteners except those that already exist in the file. I will not cut or mutilate records in any way. I will keep the records in the order received. And I will return the records to the department when no longer required by me and no later than the end of customary office hours on the day provided.

Signature of Person Requesting Public Document

Date

*The minimum charge is \$.15 per page. If the total is less than \$1.50, the fee may be waived. Please pay by check made payable to the Washington State Treasurer. NSF checks will be subject to a \$15.00 fee.*

**The following section to be completed by the Division of Credit Unions**

Signature Authorizing Release of Records

Date

Date person contacted

Date request completed

Comments Below:

Number of copies \_\_\_\_\_

Cost

**TOTAL DUE**

**\$**

